

| FEE TRANSMITTAL FY 2001 | | Complete Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Application Serial Number | 09/697,479 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | October 26, 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Dakss | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | 2621 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Not Yet Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No. | WMI-004CN1 (8415/5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRADEMA METHOD OF PAYMENT TRADEMA R 1 2 2001 | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</p> | | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65.00</td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>390</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>890</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1,390</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,890</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>310</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>310</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>270</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>710</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>710</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> </tbody> </table> | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | 65.00 | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | For filing a request for reexamination | | 110 | 55 | Extension for reply within first month | | 390 | 195 | Extension for reply within second month | | 890 | 445 | Extension for reply within third month | | 1,390 | 695 | Extension for reply within fourth month | | 1,890 | 945 | Extension for reply within fifth month | | 310 | 155 | Notice of Appeal | | 310 | 155 | Filing a brief in support of an appeal | | 270 | 135 | Request for oral hearing | | 130 | 130 | Petitions to the Commissioner | | 50 | 50 | Petitions related to provisional applications | | 180 | 180 | Submission of Information Disclosure Statement | | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | | Other fee (Specify) | | | | Other fee (Specify) | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | 65.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 390 | 195 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 890 | 445 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,390 | 695 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,890 | 945 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | 155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | 155 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 270 | 135 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 50 | Petitions related to provisional applications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FEE CALCULATION</p> <p>1. FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>710</td><td>Utility filing fee</td><td>710.00</td></tr> <tr><td>320</td><td>Design filing fee</td><td></td></tr> <tr><td>150</td><td>Provisional filing fee</td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>Total Claims</td><td>Number Filed Number Extra</td><td>Rate Amount</td></tr> <tr><td></td><td>10 - 20 = 0</td><td>x \$ 18.00 = 0.00</td></tr> <tr><td>Independent Claims</td><td>1 - 3 = 0</td><td>x \$ 80.00 = 0.00</td></tr> <tr><td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$270.00 =</td></tr> <tr><td colspan="3">TOTAL: 710.00</td></tr> <tr><td colspan="3">SMALL ENTITY DISCOUNT: 355.00</td></tr> <tr><td colspan="3">SUBTOTAL (1) (\$ 355.00)</td></tr> </tbody> </table> | | Large Entity | Fee Description | Fee Paid | 710 | Utility filing fee | 710.00 | 320 | Design filing fee | | 150 | Provisional filing fee | | | | | Total Claims | Number Filed Number Extra | Rate Amount | | 10 - 20 = 0 | x \$ 18.00 = 0.00 | Independent Claims | 1 - 3 = 0 | x \$ 80.00 = 0.00 | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$270.00 = | TOTAL: 710.00 | | | SMALL ENTITY DISCOUNT: 355.00 | | | SUBTOTAL (1) (\$ 355.00) | | | <table border="1"> <thead> <tr> <th>Number Filed Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>10 - 20 = 0</td><td>x \$ 18.00</td><td>= 0.00</td></tr> <tr><td>1 - 3 = 0</td><td>x \$ 80.00</td><td>= 0.00</td></tr> <tr><td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$270.00 =</td></tr> <tr><td colspan="3">TOTAL: 710.00</td></tr> <tr><td colspan="3">SMALL ENTITY DISCOUNT: 355.00</td></tr> <tr><td colspan="3">SUBTOTAL (1) (\$ 355.00)</td></tr> </tbody> </table> | | Number Filed Number Extra | Rate | Amount | 10 - 20 = 0 | x \$ 18.00 | = 0.00 | 1 - 3 = 0 | x \$ 80.00 | = 0.00 | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$270.00 = | TOTAL: 710.00 | | | SMALL ENTITY DISCOUNT: 355.00 | | | SUBTOTAL (1) (\$ 355.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | Utility filing fee | 710.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total Claims | Number Filed Number Extra | Rate Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 - 20 = 0 | x \$ 18.00 = 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 1 - 3 = 0 | x \$ 80.00 = 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$270.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL: 710.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: 355.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$ 355.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Filed Number Extra | Rate | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 - 20 = 0 | x \$ 18.00 | = 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - 3 = 0 | x \$ 80.00 | = 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL: 710.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: 355.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$ 355.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. AMENDMENT CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> <th>SUBTOTAL (3) (\$ 65.00)</th> </tr> </thead> <tbody> <tr><td>Total Indep.</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td><td></td></tr> <tr><td></td><td>-</td><td>=</td><td>x \$ 80.00 =</td><td></td><td></td></tr> <tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$270.00 =</td><td></td></tr> <tr><td colspan="4"></td><td></td><td>SUBTOTAL (1) (\$ 355.00)</td></tr> <tr><td colspan="4"></td><td></td><td>SUBTOTAL (2) (\$ 65.00)</td></tr> <tr><td colspan="4"></td><td></td><td>SUBTOTAL (3) (\$ 65.00)</td></tr> <tr><td colspan="4"></td><td></td><td>TOTAL (\$ 420.00)</td></tr> </tbody> </table> | | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | SUBTOTAL (3) (\$ 65.00) | Total Indep. | - | = | x \$ 18.00 = | | | | - | = | x \$ 80.00 = | | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$270.00 = | | | | | | | SUBTOTAL (1) (\$ 355.00) | | | | | | SUBTOTAL (2) (\$ 65.00) | | | | | | SUBTOTAL (3) (\$ 65.00) | | | | | | TOTAL (\$ 420.00) | <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> <th>SUBTOTAL (3) (\$ 65.00)</th> </tr> </thead> <tbody> <tr><td>Total Indep.</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td><td></td></tr> <tr><td></td><td>-</td><td>=</td><td>x \$ 80.00 =</td><td></td><td></td></tr> <tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$270.00 =</td><td></td></tr> <tr><td colspan="4"></td><td></td><td>SUBTOTAL (1) (\$ 355.00)</td></tr> <tr><td colspan="4"></td><td></td><td>SUBTOTAL (2) (\$ 65.00)</td></tr> <tr><td colspan="4"></td><td></td><td>SUBTOTAL (3) (\$ 65.00)</td></tr> <tr><td colspan="4"></td><td></td><td>TOTAL (\$ 420.00)</td></tr> </tbody> </table> | | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | SUBTOTAL (3) (\$ 65.00) | Total Indep. | - | = | x \$ 18.00 = | | | | - | = | x \$ 80.00 = | | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$270.00 = | | | | | | | SUBTOTAL (1) (\$ 355.00) | | | | | | SUBTOTAL (2) (\$ 65.00) | | | | | | SUBTOTAL (3) (\$ 65.00) | | | | | | TOTAL (\$ 420.00) |
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| | | | | | SUBTOTAL (2) (\$ 65.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | - | = | x \$ 80.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to:</p> <p>Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100</p> | | <p>SIGNATURE BLOCK</p> <p>Respectfully submitted, <i>[Signature]</i> Joseph B. Milstein Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |